

# **Annual Report on Substance Abuse Treatment Programs**

**Submitted Pursuant to ARS 36-2023**

**Arizona Department of Health Services  
Division of Behavioral Health Services  
Bureau for Substance Abuse Treatment and Prevention**

**December 30, 2005**

## Overview

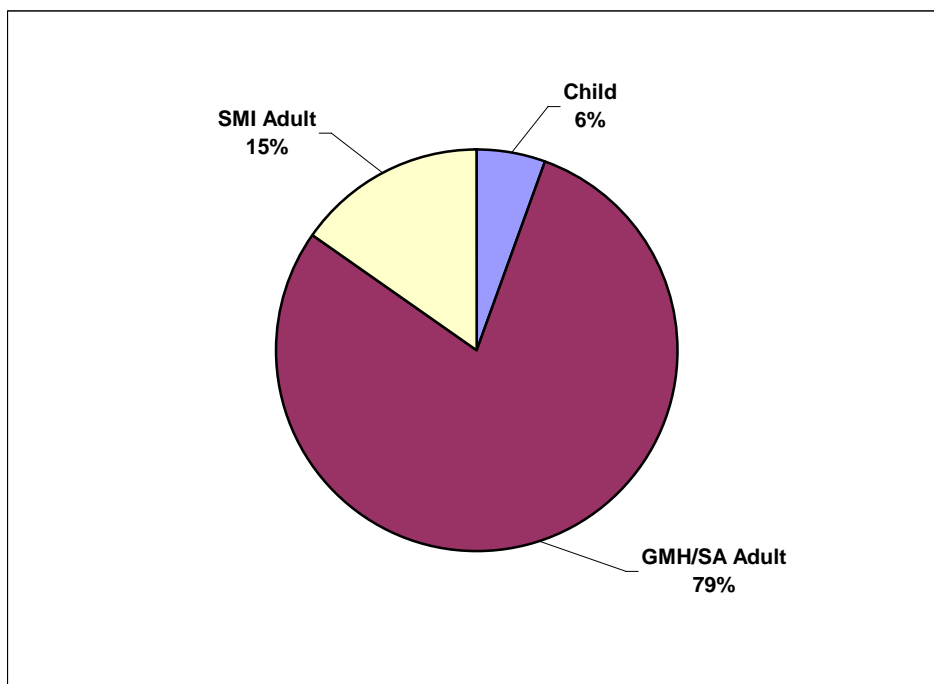
ARS 36-2023 establishes an annual requirement for a report on substance abuse treatment programs that receive funds from the Arizona Department of Health Services (ADHS). The statute directs the ADHS to prepare an annual report on drug abuse treatment programs in this state that receive funds from the Department to be submitted by January 1 of each year to the Governor, the President of the Senate and the Speaker of the House of Representatives and to be made available to the general public through the Arizona Drug and Gang Prevention Resource Center.

## Substance Use Treatment Population – SFY 2005

Data in this report represents all children, adolescents and adults that were identified with a diagnosis of substance abuse/dependence during 2005, or reported an alcohol/drug related treatment concern at admission to the ADHS behavioral health service system. The report covers 59,661 adolescents and adults – approximately 45% of the statewide population enrolled in behavioral health services as of June 30, 2005.

By population, 6% were Children/Adolescents (3,319), 79% were General Mental Health/Substance Abuse Adults (47,136) and 15% were Adults with Serious Mental Illness with a co-occurring substance use disorder (9,206).

### Children and Adults in Substance Use Treatment – SFY 2005 (n=59,661)



## Required Report Content

### A. Name and location of each program

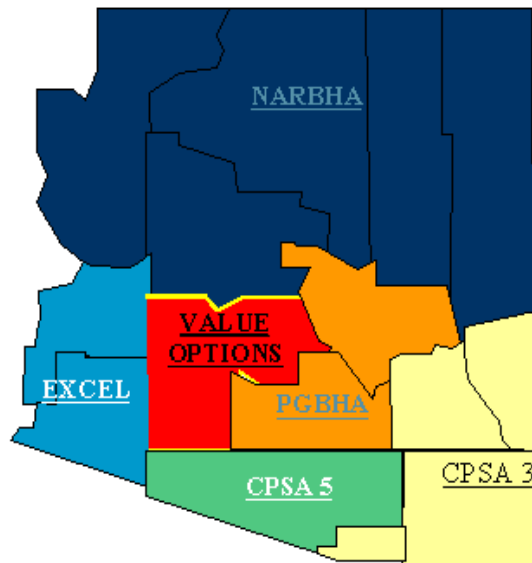
In State Fiscal Year 2005, the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) contracted with five Regional Behavioral Health Authorities (RBHAs) selected through a national competitive procurement. RBHAs are responsible for developing and managing networks of community agencies to deliver substance abuse and mental health treatment services for persons eligible under the federal Title XIX/XXI programs and for Non-Title XIX/XXI eligible individuals and families in Arizona. In addition, the ADHS contracted with three tribal nations for delivery of substance abuse treatment services to reservation residents.

#### SFY 2005 Service Delivery System

| Service Area       | Counties   | RBHA   |
|--------------------|--|--|
| GSA 1              | Apache, Navajo, Coconino, Mohave, Yavapai                          | Northern Arizona Regional Behavioral Health Authority (NARBHA) |
| GSA 2*             | La Paz, Yuma   | The EXCEL Group  |
| GSA 3              | Cochise, Graham, Greenlee, Santa Cruz                              | Community Partnership of Southern Arizona (CPSA)               |
| GSA 4*             | Pinal, Gila  | Pinal Gila Behavioral Health Association (PGBHA)               |
| GSA 5              | Pima   | Community Partnership of Southern Arizona (CPSA)               |
| GSA 6              | Maricopa   | ValueOptions   |
| Tribal Authorities | Pascua Yaqui Tribe<br>Navajo Nation<br>Gila River Indian Community |  |

**\*Note:** Effective July 1, 2005 for the 2006 fiscal year, the Regional Behavioral Health Authority contract for GSA-2 and GSA-4 was awarded to Cenpatico Behavioral Health.

## SFY 2005 Regional Behavioral Health Authorities



### **B. Amount and sources of funding for each program**

During SFY 2005, ADHS/DBHS expended \$107,058,171 in service funding for TXIX/TXXI and Non-TXIX/TXXI individuals and families in need of substance use treatment. The TXIX program for persons eligible under Arizona's AHCCCS program comprised the single largest source of substance abuse treatment funding during the fiscal year (56.1%), followed by the Substance Abuse Prevention and Treatment Block Grant (25.5%).

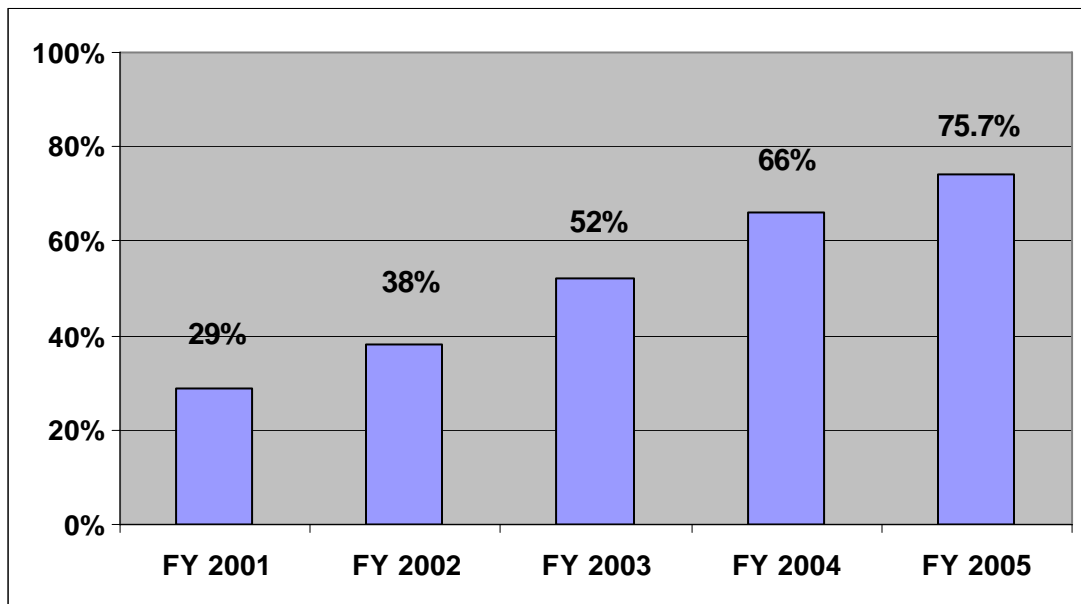
### **Substance Abuse Treatment Funding Summary: SFY 2005 (Actual)**

|   |                      |             |
|---|----------------------|-------------|
| State Appropriated  | \$14,570,100         | 13.7%       |
| Federal Block Grant for Substance Abuse Prevention and Treatment                  | \$27,136,065         | 25.5%       |
| Liquor Fees   | \$47,725             | 0.04%       |
| Maricopa County, City of Phoenix, Arizona Dept. of Corrections COOL IGAs and ISAs | \$5,104,107          | 4.8%        |
| Title XIX/XXI Funding   | \$59,762,000         | 56.1%       |
| <b>TOTAL</b>  | <b>\$107,058,171</b> | <b>100%</b> |

### **C. Number of clients and demographic characteristics**

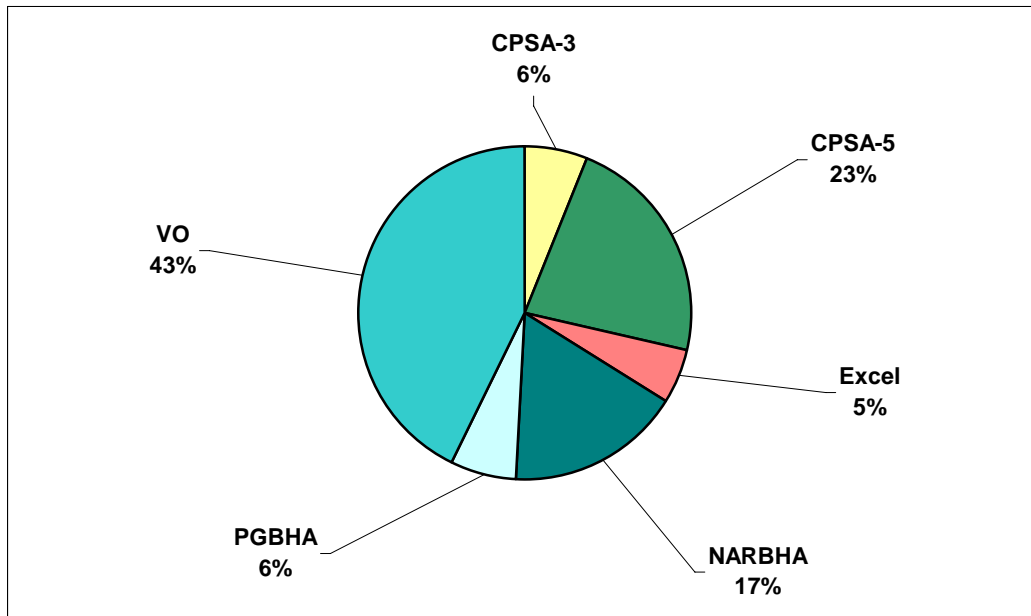
Statewide, 59,661 adults and children received treatment in the ADHS/DBHS behavioral health system for substance use, abuse or dependence during SFY 2005. This represents an increase of 64% over FY 2004 when 36,375 individuals and families were served. Of this total, 75.7% were served under the Title XIX and Title XXI programs (45,159 individuals) and 24.3% were Non-Title XIX/XXI (14,502 individuals). Increasingly, individuals and families eligible through the Arizona Health Care Cost Containment System (AHCCCS) for Medicaid TXIX-funded treatment comprise the majority of individuals receiving substance use disorder services in Arizona.

**Trends in TXI/XXI Substance Abuse Treatment Enrollment – FY 2001-2005**



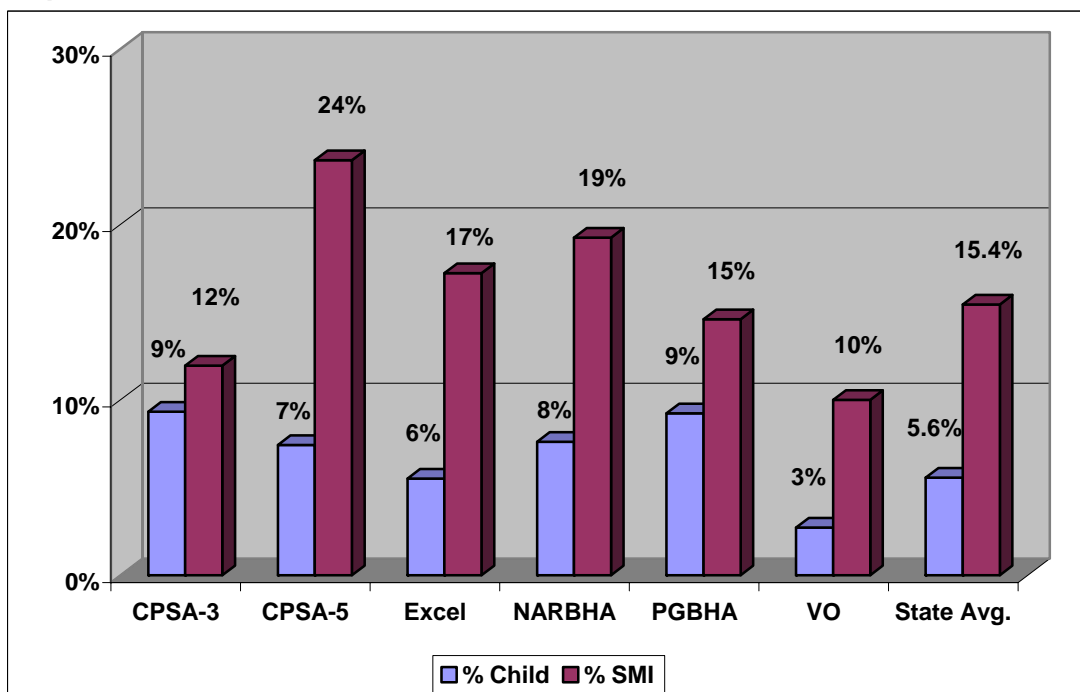
Nearly half (43%) of individuals treated during 2005 received services through ValueOptions, followed by Community Partnership of Southern Arizona- Pima County (23%) and Northern Arizona Behavioral Health Authority (17%). The three remaining service areas together comprised 17% of all persons treated during the year.

**Substance Use Treatment Participants by Service Area – SFY 2005  
(n=59,661)**



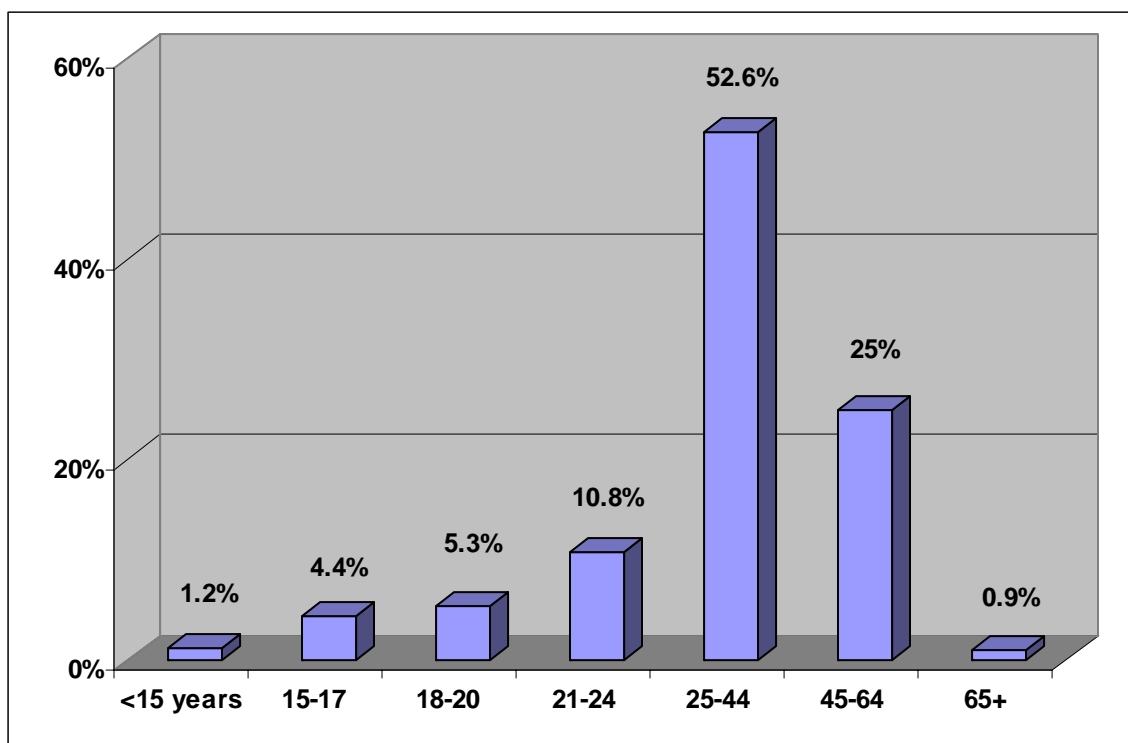
The majority of Arizonan's receiving substance use treatment in FY 2005 were adults (94.4%), and included 9,206 persons (15.4%) with co-occurring Serious Mental Illness. Only 5.6% of substance use treatment clients were adolescents or teenagers (3,319 individuals). The proportion of SMI Adults and Adolescents enrolled in substance use treatment varies considerably by region compared with the statewide average.

**Proportion of Children and SMI Adults with Substance Use Disorders - 2005**



Individuals age 25-44 years old make up the largest segment of people who received substance use treatment during 2005. More than half (52.6%) of all clients served were between the ages of 25-44 years old (31,388). Adolescents and young adults represented nearly one in four (21.7%) clients during the year, including 1.2% children age 15 years or younger. Fewer than 1% of all persons receiving substance use treatment were older adults.

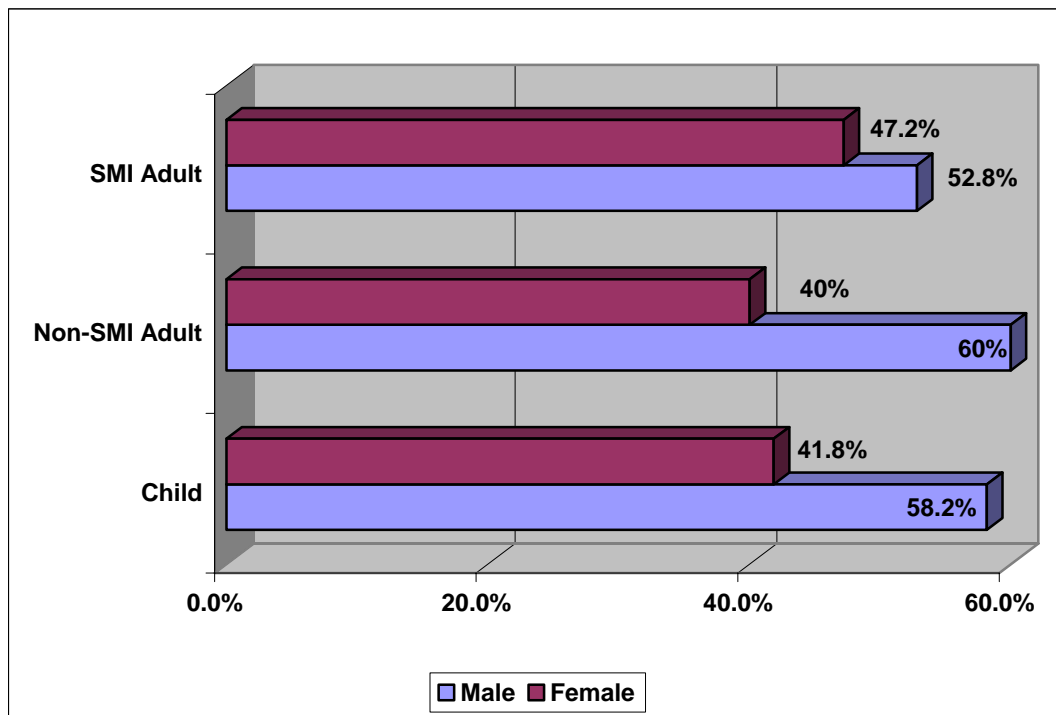
#### **Substance Use Treatment Participants by Age – SFY 2005**



Males continue to comprise the largest group entering substance use treatment across both child and adults served.

Although more than half of treatment participants are male, women with children make up a growing segment of the population receiving substance use treatment. In FY 2005, 16% of females (3,927) receiving substance abuse treatment had young children with them at admission. Additionally, 1.9% of females (478) were pregnant when they entered treatment.

## Substance Use Treatment Participants by Gender – SFY 2005



By Race/Ethnic Status, Whites comprised 84.3% of all persons receiving substance use treatment in 2005. Native Americans (7.9%) and African Americans (6.5%) were the largest minority groups in service. Overall, 17.5% of all participants identified themselves as Hispanic or Latino.

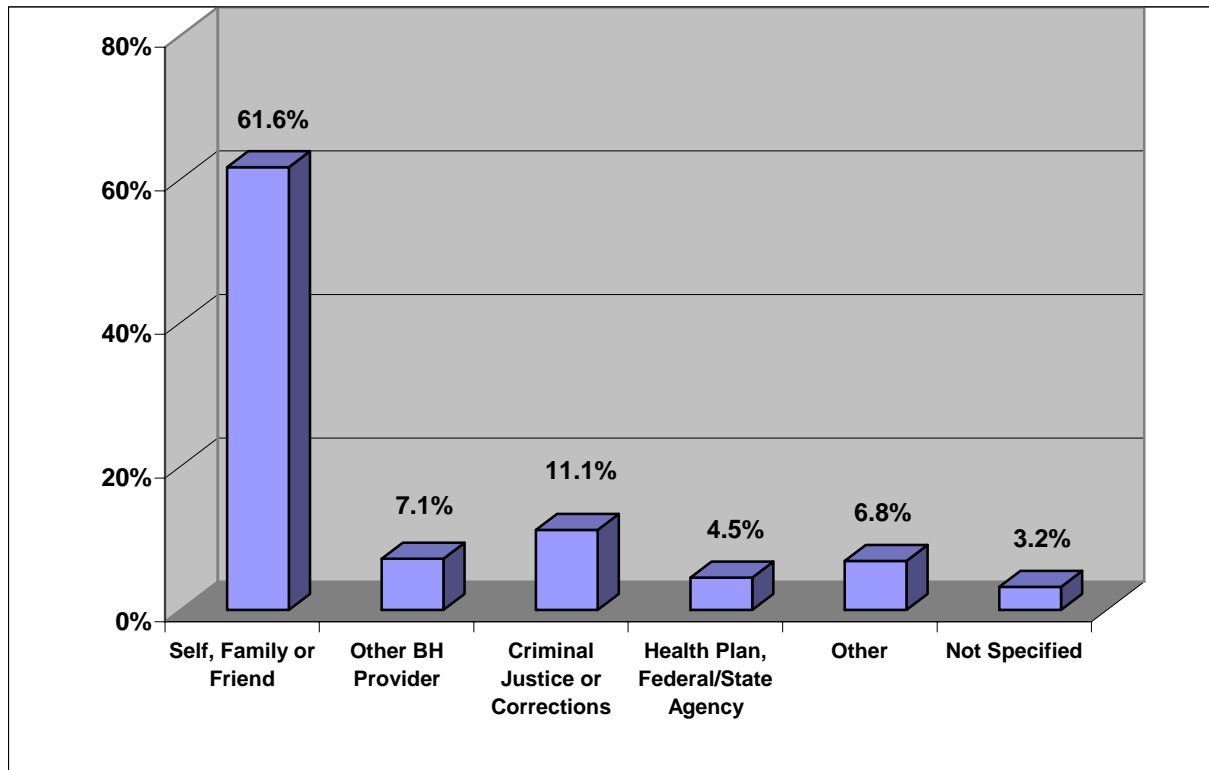
### Referrals for Treatment

“Self-Referral” or referral by Friend or Family Member was reported most frequently as the source of treatment referral for persons admitted to substance abuse services during 2005. Overall, 61.6% of treatment participants indicated that they sought treatment on their own, 11.1% were referred by a Criminal Justice Agency, 7.1% were referred from another Behavioral Health Provider and 6.8% were referred from Other Sources. Referrals from AHCCCS Health Plans, Federal Agencies (such as Veterans Administration or Indian Health Services) and Other State Agencies make up only a small proportion of total referrals for substance use treatment in Arizona (4.5%).

At 11.1% (or 6,651 individuals), referrals from the Criminal Justice system, including Arizona Department of Corrections, Department of Juvenile Corrections and local probation offices and drug courts, accounted for one in 10 treatment referrals during 2005.

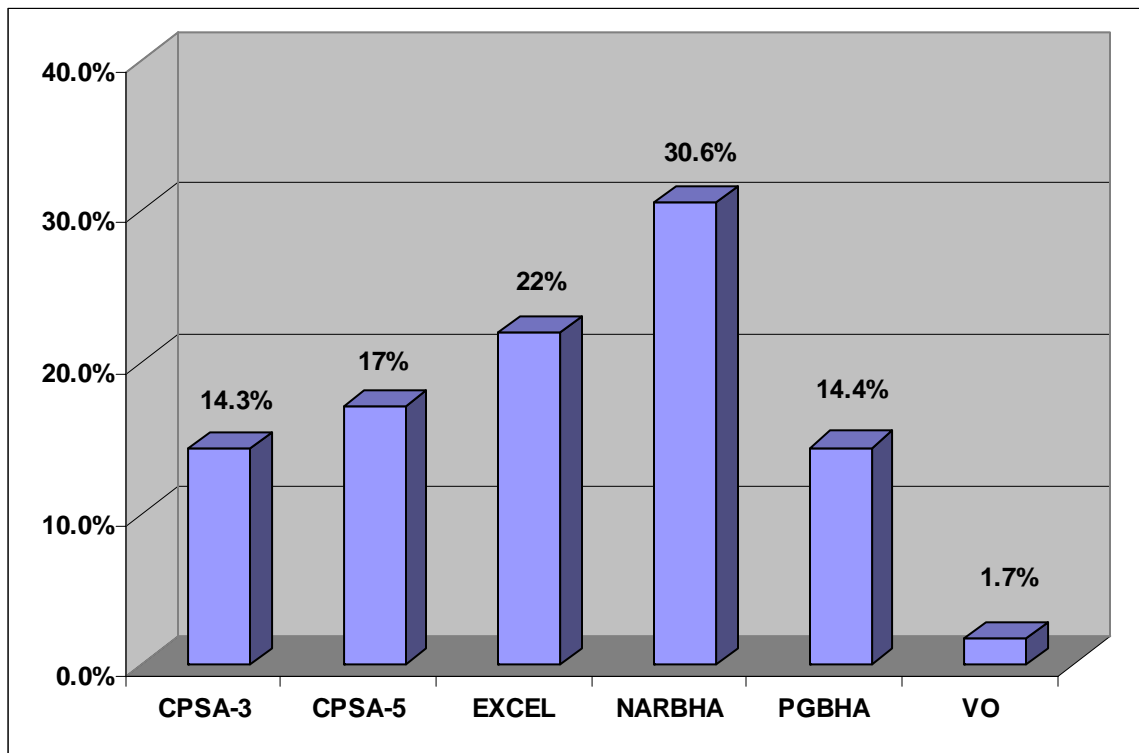


## Referrals for Substance Use Treatment Services – SFY 2005



In general, RBHAs serving more rural regions of the state report a greater percentage of 2005 referrals from criminal justice agencies. In northern Arizona, one in three (30.6%) of all persons in substance use treatment through NARBHA was referred by a court or a parole/probation officer. One in four referrals (22%) in La Paz and Yuma Counties to Excel Group were also from a criminal justice agency. In contrast, ValueOptions reports fewer than 2% of all substance use treatment referrals as originating from the justice system.

### **% of Treatment Participants Referred by Criminal Justice Agencies – SFY 2005**



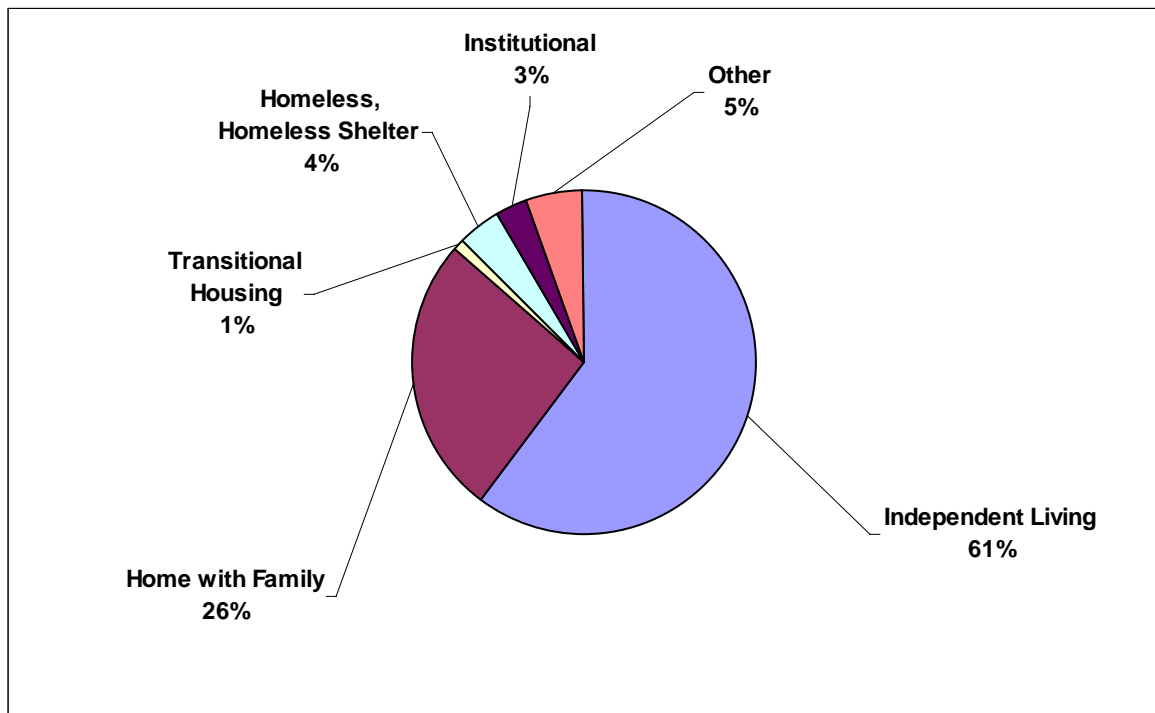
Overall, 16.5% of persons admitted to substance use treatment in 2005 reported being arrested on one or more occasions in the past six months. Of those with an arrest during the six months prior to entering treatment, 78.2% were arrested one time, 16% were arrested two or three times and 5.8% reported four or more arrests.

### **Housing and Employment**

More than half (61%) of persons admitted to substance use treatment services during FY 2005 reported that they lived alone or with a roommate in an Independent Living environment in the 30 days prior to entering treatment. One in four (26%) reported that they lived with their spouse or Family.

Slightly more than one in 25 treatment participants (4%) reported they were Homeless or lived in a Homeless Shelter in the past 30 days, and only 1% lived in a Transitional Living environment, such as halfway houses, recovery homes, boarding homes and hotels. Finally, 3% of all treatment participants resided in an Institution during the past 30 days, including jail, prison, the Arizona State Hospital and licensed behavioral health treatment facilities. The majority of Homeless treatment participants received services through CPSA in Pima County or ValueOptions in Maricopa County (77% of all homeless individuals in substance use treatment).

## Primary Residence in the Past 30 Days – SFY 2005



\*Institutional living includes: jail, prison, the Arizona State Hospital and licensed behavioral health treatment facilities. Transitional Housing includes: halfway houses, recovery homes, boarding homes and hotels

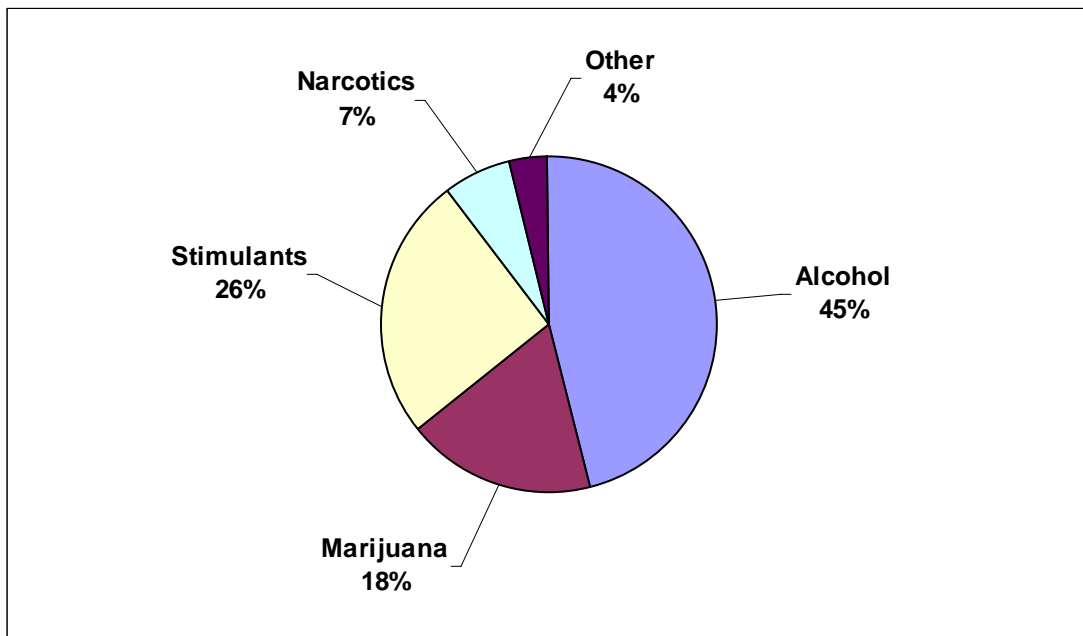
For SFY 2005, one in five persons (20%) in substance use treatment were employed on a full or part-time basis and one in 10 (10%) were in school or vocational education. Employment status was not reported for 33.5% of participants. Of substance use treatment participants who were Not in the Labor Force, 86% were Unemployed/Not Looking, 12.8% were Retired or Homemakers and 1.1% were Volunteers.

### **D. Client problems addressed**

#### **Primary Substances Used**

The most frequently used substance reported at admission to treatment during FY 2005 was Alcohol, with nearly half (45%) of all treatment participants assessed as suffering alcohol abuse or alcoholism. The second largest category statewide was Stimulant Drugs (including methamphetamine, cocaine and crack cocaine), with one in four treatment clients (26%) reporting a primary stimulant drug problem. Marijuana/Hashish was the third largest category of substance problems, with nearly one in five treatment participants (18%) assessed as dependent or abusing marijuana at treatment admission. Narcotics, including heroin, morphine and non-medical prescription painkillers, accounted for 7% of primary problems during 2005. Four percent of participants reported problems with hallucinogens, inhalants and Other Drugs.

## Primary Substances Used – SFY 2005

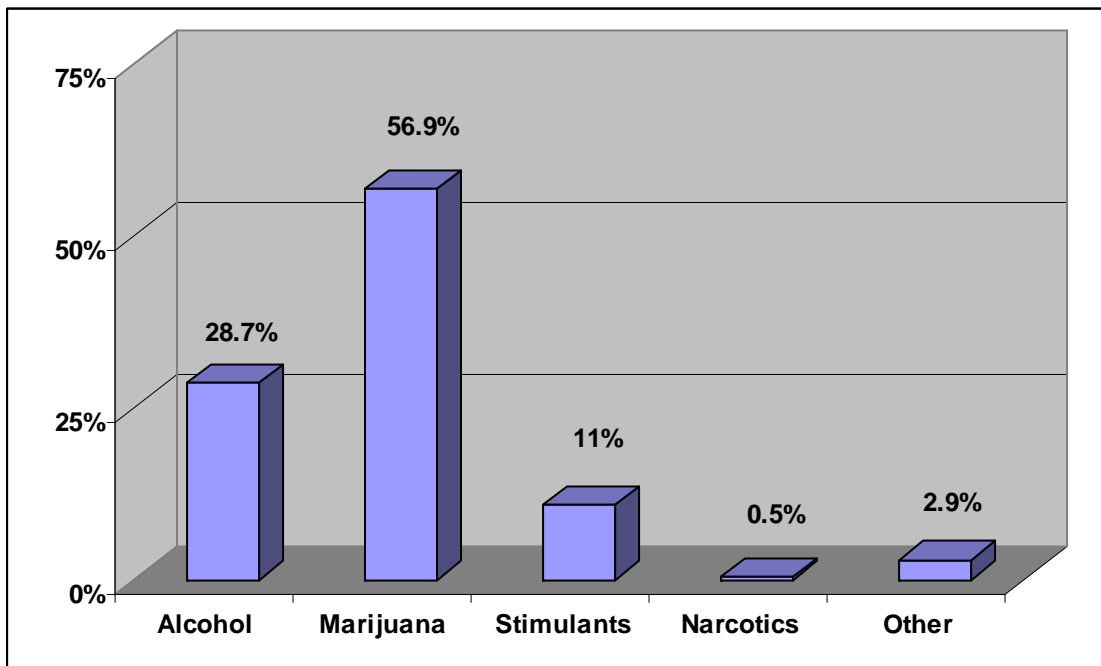


\*Stimulants include: methamphetamine (69%), cocaine/crack (30%) and other stimulants (1%).

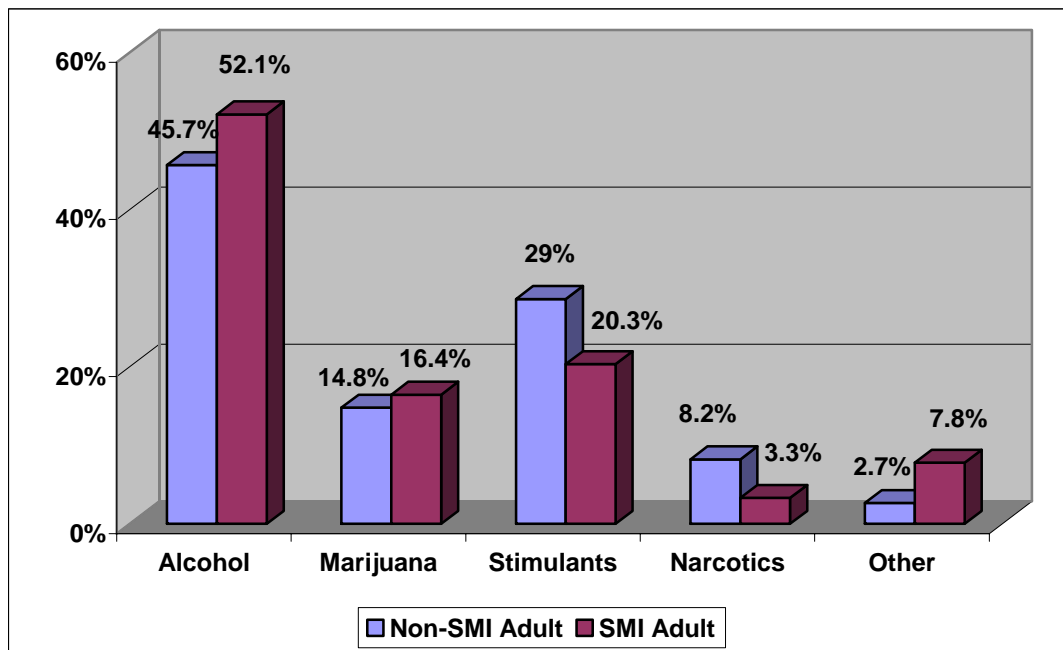
\*\*Narcotics include: heroin (86%) and non-medical use of prescription painkillers (14%).

Patterns in reported substance use problems differ significantly between children and adults. More than half of children and adolescents receiving treatment reported Marijuana as their primary drug problem (56.9%), followed by Alcohol (28.7%) and Stimulants (11%).

## Children/Adolescents: Primary Substance Problems - SFY 2005



### Adults: Primary Substance Use Problems - SFY 2005

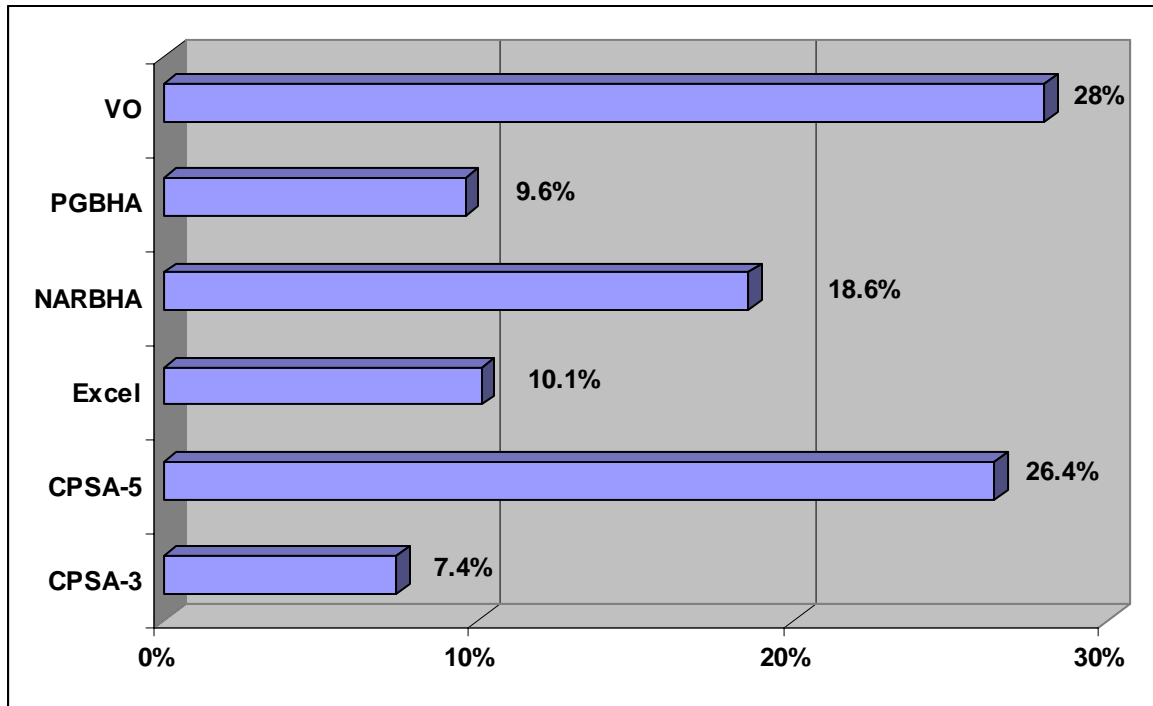


In contrast, Alcohol was the leading substance problem reported by both Seriously Mentally Ill (52.1%) and non-Seriously Mentally Ill Adults (45.7%) admitted into substance use treatment during 2005. Stimulants were identified as the primary problem in nearly one in three (29%) admissions among Adults without SMI during 2005, and accounted for one in five primary drug problems (20.3%) among SMI Adults. Marijuana, Narcotics and Other Drugs accounted for smaller numbers of reports.

Methamphetamine continues to be a significant problem in the public behavioral health system, exhibiting a strong growth rate over the past three years. During FY 2002, methamphetamine accounted for only one in 10 (11%) of substances identified as problematic at admission to treatment, compared with one in four (26%) in 2005. Methamphetamine accounts for 69% of all Stimulants reported as a primary problem in 2005, followed by cocaine/crack (30%) and other stimulants (1%).

Methamphetamine is also relatively widespread in the treatment population of the state. Of 10,453 adolescents and adults in treatment for methamphetamine and other stimulant use disorders during 2005, 28% were enrolled through ValueOptions, 26.4% through CPSA-Pima County, and 18.6% through NARBHA.

**Percent of Methamphetamine, Cocaine and Other Stimulant Clients by Region  
(n=10,453)**

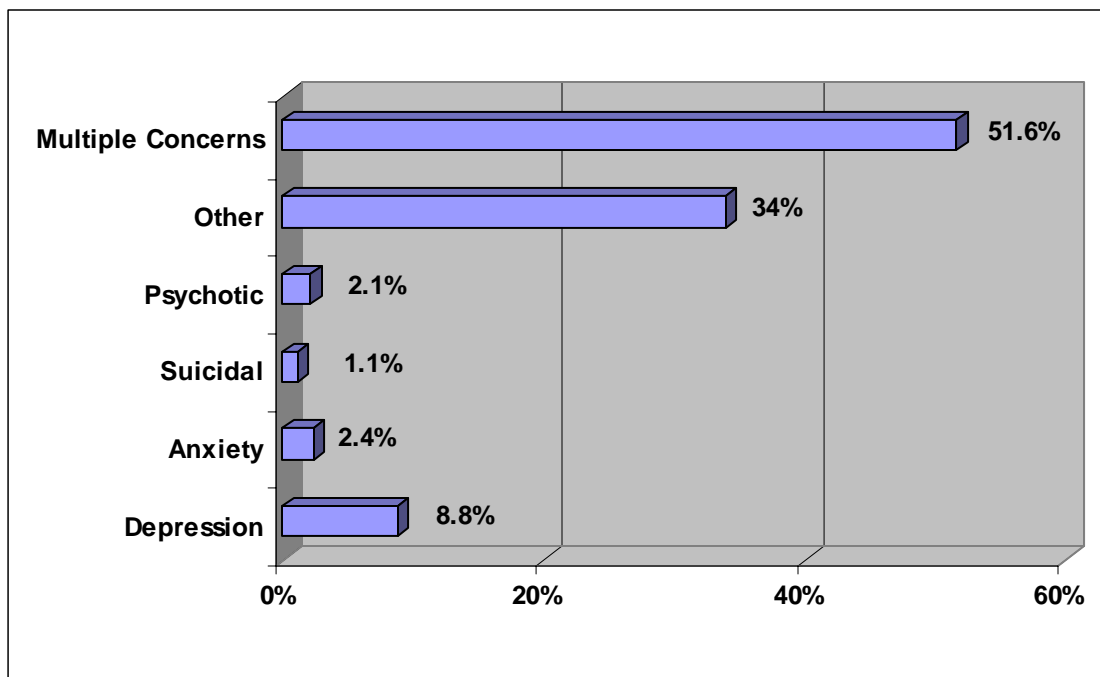


**Co-Occurring Substance Use and Mental Health Concerns**

Presenting concerns include a range of symptoms and conditions identified at the time of enrollment into substance abuse treatment. Frequently, alcohol/drug abuse is only one of a constellation of issues requiring clinical attention, including relational problems, suicide attempts and physical abuse. During FY 2005, the majority of persons admitted to substance abuse treatment presented with other symptoms and conditions, including depression (10%), anxiety (3%), suicide risk (1%), or psychosis (2%).

Overall, 15.4% of individuals participating in substance use treatment during 2005 – approximately one in seven clients -- were Adults with a co-occurring Serious Mental Illness.

## Co-Occurring Presenting Problems in Substance Use Admissions – SFY 2005



### E. Number and Types of Services

Individuals and families eligible under Arizona's Title XIX and Title XXI programs receive all medically necessary covered services for substance abuse and mental health through the Regional Behavioral Health Authorities. Covered behavioral health services for Non-Title XIX/XXI eligible Arizonans are based on available funding and special populations designated in the Substance Abuse Block Grant and other fund sources such as the COOL Program

### State Level Continuum of Care

Arizona is challenged by the diversity of its regions and peoples in delivering substance abuse services. Areas such as Phoenix, Tucson, Yuma, Prescott and Flagstaff are among the fastest growing population centers in the U.S. today, while the vast majority of state land continues to be isolated, rural communities with insignificant growth rates and large stretches of national forest and reservation lands. Geographic accessibility to services and retention of a qualified treatment workforce are major gaps in the continuum within Arizona's rural regions. An additional statewide challenge is posed by the rapid growth of the Hispanic population eligible for Medicaid and S-CHIP services: the statewide Hispanic population eligible for Medicaid is 42.4% and 19.2% are enrolled. Access to a bilingual, bicultural workforce will pose one of the greatest challenges to the state behavioral health system over the next 10 years.

Within ADHS/DBHS, the Bureau for Substance Abuse Treatment and Prevention Services (BSATP) has a reputation for pro-active involvement in reducing barriers to care and improving the quality of substance abuse treatment services available to citizens of Arizona. The BSATP has launched several system improvement initiatives designed to build capacity of critical treatment and recovery support services. Since 1999, the BSATP has worked

collaboratively with mental health providers to improve delivery of services for persons with co-occurring disorders. During 2004, this initiative was extended into the criminal justice system through Arizona's participation in the National Policy Academy on Co-Occurring Disorders. The BSATP initiated a review of the statewide continuum of detoxification services in 2003 that continues as a state network development priority. Finally, the BSATP launched several pilots during 2004 to develop Peer Support services in substance abuse treatment settings across the state and to establish recovery-focused transitional housing with supports as an alternative to residential substance abuse treatment. While initial results are encouraging, availability of Peer Support workers and Supported Housing for substance abuse consumers remains a critical recovery gap.

**Methamphetamine Centers for Excellence.** Throughout Arizona, methamphetamine has emerged as a leading cause of admissions to substance abuse treatment. Between 2002 and 2005, methamphetamine rose from one in 10 (11%) to one in four (26%) of all admissions for treatment. Major trends in methamphetamine use within the state include:

- Methamphetamine is the single most common substance reported at treatment admission among parents referred by child protective services. In 2003-2004, 40% of all referred parents reported methamphetamine as their primary drug problem.
- Proportionately, use of methamphetamine among CPS parents is higher in more rural areas of the state: 47-76% of all admissions in rural regions, compared with 28-40% in urban settings).
- Women and adolescent girls use methamphetamine at the same levels as men and adolescent boys.
- Youth and young adults age 12-24 comprised 53% of statewide treatment admissions for methamphetamine in 2003.
- Reservation communities are particularly hard hit.

In response, the BSATP launched an initiative to establish methamphetamine "centers for excellence" in three regions during FY 2006. The centers will utilize one or more treatment approaches with demonstrated efficacy in addressing stimulant use disorders and will include simple fidelity measurements for key elements, including contingency management processes, therapeutic alliance and urine testing. In addition, BSATP has provided direct funding and technical assistance to several tribal nations, including Hopi Tribe and Navajo Nation, to address methamphetamine abuse in Arizona's reservation communities.

### **Local Continuum Of Care**

**The Community Partnership of Southern Arizona (CPSA)** serves Pima County (Tucson) and rural southeastern Arizona. The CPSA region has 28 Level 1 medical detoxification beds (16 in Tucson and 12 in Benson) and 100 Level II substance abuse residential beds in Pima County and (0 in southeastern Arizona). Forty of the Tucson beds are specialized for women with children. As part of the BSATP detoxification expansion initiative, a Level II substance abuse stabilization facility will open in Benson during 2005-2006, providing acute care services for the four counties of southeastern Arizona. CPSA contracts for 625 methadone slots in the Tucson area and provides buprenorphine in the four counties of southeastern Arizona. Outpatient assessment and counseling services are delivered through three adult providers with 16 treatment sites in Pima County and one provider with eight service sites in southeastern Arizona. Childcare services are provided by two agencies. Specialized case management and outpatient services to pregnant women in Pima County are available through Mother-Child Addiction Services (MCAS), as are family education groups and prevention for children while parents are in treatment. COOL funding covers only outpatient services. CPSA has prioritized development of co-occurring competent and enhanced programs, such that all network providers are either Dual Diagnosed Competent or Dual



Diagnosed Enhanced. HIV Early Intervention Services are delivered through a single mobile contractor in Pima County and a single network serving outpatient sites in all four counties of southeastern Arizona.

**The EXCEL Group** serves southwestern Arizona. Case management was recently added to EXCEL substance abuse treatment, as well as four In-Home Family Support Specialists. EXCEL partnered with a local faith-based organization, the school and a civic organization to serve children of substance abusing parents in an after school program. EXCEL COOL clients generally receive group-counseling services through one of six satellite sites in the two county area. A 10-bed Level II substance abuse residential facility was established in Yuma in 2002. An 8-bed social detoxification program has operated since 1997. Medically monitored detoxification is provided through out-of-region contracts in Phoenix. Women qualifying for specialty treatment for women and children are sent out of region to providers in Phoenix and Tucson. EXCEL also contracts for opiate medication services through one agency in Yuma. HIV Early Intervention Services are delivered through a contract with Yuma County Public Health. (Note: Effective 7/1/2005, this area of Arizona will be served by Cenpatico Behavioral Health).

**Northern Arizona Regional Behavioral Health Authority (NARBHA)** serves the five counties of northern Arizona. Overall, NARBHA's region encompasses one half of Arizona, presenting an ongoing service delivery challenge. NARBHA provides basic outpatient and intensive outpatient groups through 9 local agencies, including the Hopi Tribe and White Mountain Apache Tribe. To further extend the reach of treatment services, NARBHA also uses nationally recognized telemedicine, with fourteen sites across the region. NARBHA providers operate 66 Level 1 detoxification beds across the region, with 12 of these beds "flexed" for higher acuity inpatient substance abuse residential treatment. An additional 19 Level II beds in Prescott provide structured substance abuse residential treatment for all NARBHA members. Women in the NARBHA region receive specialized Level II residential placements through two providers located in Phoenix and Tucson. Employment services are available for the Title XIX population only, while childcare and family support is available only for SAPT priority populations. NARBHA contracts for opiate treatment through agencies located in Flagstaff and Mohave County. One substance abuse supported housing program exists near Show Low. HIV Early Intervention Services are provided through local contracts to county public health in Coconino, Yavapai and Mohave counties.

**Pinal Gila Behavioral Health Authority (PGBHA)** is responsible for Pinal and Gila Counties in central Arizona. PGBHA clients must travel out of region to receive methadone services and pregnant women's Level II residential treatment. One 10-bed residential program in Casa Grande serves consumers from throughout the region. Employment and family support services are provided locally, but childcare and supported housing is not offered. PGBHA contracts for 10 detoxification beds located in Maricopa and Pima counties. HIV Early Intervention Services are delivered by a behavioral health outpatient agency in Apache Junction. (Note: Effective 7/1/2005, this area of Arizona will be served by Cenpatico Behavioral Health).

**ValueOptions (VO)** serves the fifth largest city in the U.S. and the surrounding communities in Maricopa County using a combination of community-based outpatient, residential and acute care providers. The geographic size of the County, the diversity of the cultures, and the existence of urban, suburban, and rural regions directly affect the type of service delivery needed and require creativity in meeting the needs of individuals and families. Provider agencies are dispersed throughout the metropolitan and rural areas of the County with the highest concentration in central Phoenix.

ValueOptions operates the single largest behavioral health crisis system in the U.S., comprised of telephone and “warm line” crisis response, crisis mobile teams for adults and children (including specialized Rapid Response Teams for children removed by child protective services and dispatch calls from hospital emergency rooms), alcohol patrol serving the business district of downtown Phoenix, and five Level 1 subacute facilities (3 psychiatric recovery and 2 detoxification).

ValueOptions providers are either “Dual Diagnosis Capable” with a primary focus of substance abuse that are capable of working with consumers with stable mental health problems or “Dual Diagnosis Enhanced” and treat consumers who have more unstable co-occurring disorders. Overall, VO contracts for 32 medical detoxification beds and 23 substance abuse stabilization beds at two facilities. The network includes 250 adult Level II residential treatment beds, including 46 specialty beds for pregnant/parenting women in facilities that accommodate up to 60 infants and children.

Five contracted agencies provide 2,340 methadone slots in Maricopa County. Outpatient family, group and individual counseling is available through 20 substance abuse providers. Five agencies provide employment services for the Title XIX substance abuse population. There are no employment services for non-Title XIX clients. Currently, state-supported childcare maintains a three-month wait list. Value Options has successfully operated a pilot transitional housing program offering a limited number of supported housing beds for COOL clients (20) and six supported housing apartments for women with children leaving residential treatment. VO has prioritized development of linguistically and culturally appropriate providers located in neighborhoods with high-density indigent, Hispanic populations. HIV Early Intervention Services are provided through a single contractor serving all substance abuse and SMI case management sites in Maricopa County.

In addition, a unique informal “network” of four Native American substance abuse agencies deliver residential, outpatient, intensive outpatient and in-home/in-school services for adults and their families using culturally appropriate practices, including sweat lodge, talking circle and traditional healers. One residential facility is a 32-bed specialty program for native women who are pregnant or have young children.

**Gila River TRBHA** serves the Gila River Indian Community, a reservation of 10,000 plus members located southeast of and bordering the metropolitan Phoenix area. Gila River operates as a staff model case management agency, with contracts for all outpatient, residential and hospital services. Outpatient services are delivered on reservation in home and community settings; more restrictive levels of care, including specialty programs for women with children, are through contracts with providers in Phoenix and Tucson. Gila River also operates a 10-member buprenorphine program through a subcontracted Indian Health Services psychiatrist. HIV Early Intervention Services were developed for the first time during FY 2005.

## **Specialized Service Programs**

### **Services for Recovering Women with Children**

ADHS/DBHS supports a regional system of priority access to treatment for pregnant women and women with young children under special requirements of the federal Substance Abuse Block Grant. The prioritized population includes women and families that enter treatment as part of a family reunification order through Arizona’s Child Protective Services System. Specialized agencies serving women with children utilize a gender and family centered model that addresses the unique needs of women and women who are caretakers of young children. The agencies provide a supportive treatment environment that includes employment skills, parenting, case management, medical and pediatric care and childcare delivered at the

treatment site. In most situations, young children and infants are admitted into the program and remain with their mother throughout treatment.

During SFY 2005, ADHS funds supported 140 intensive treatment beds for women with additional capacity for 105 young children in Maricopa and Pima Counties. In addition, six supported housing units were developed in Maricopa County that allow recovering mothers and children to live together for up to one year. Finally, both ValueOptions and CPSA maintain specialized case management teams for pregnant women and women with young children residing in Tucson and the Greater Phoenix Area.

### **Services for Parents Involved with Child Protective Services**

This prioritized population includes women and families that enter substance use treatment as part of a family reunification order through Arizona's Child Protective Services System. Through legislation passed in 2000, ADHS/DBHS collaborates with the Arizona Department of Economic Security/Child Protective Services, community agencies and faith-based organizations to provide a continuum of family-centered services to parents whose substance abuse has been identified as a barrier to the family or to maintaining stable employment. The Arizona Families FIRST program utilizes TXIX and federal Substance Abuse Block Grant funding through the RBHA system and Temporary Assistance to Needy Families (TANF) funding through ADES to provide seamless, coordinated care for families identified by Child Protective Services. The collaboration has provided services to more than 11,700 families since its inception in 2001. During SFY 2005, CPS workers referred nearly 4000 individuals across the state for services. More than 80% were TXIX eligible.

### **Re-Entry Services (COOL Program)**

The Correctional Officer/Offender Liaison (COOL) Program was established in 1998 to better serve the substance abuse and behavioral health needs of high-risk offenders on parole. The COOL program expedites eligibility screening for AHCCCS and provides rapid connections to treatment and other re-entry services for persons on parole. During SFY 2005, parole officers referred 6,067 persons leaving prison to the COOL program through the RBHAs. The majority of those persons referred (4,287 people or 70%) were subsequently enrolled in substance abuse treatment.

In collaboration with the Arizona Department of Corrections (ADOC) Community Supervision Bureau, 10 units of supported housing were provided in Maricopa County. Services included substance abuse case management, treatment and housing services for homeless offenders leaving prison. Fifty-five behavioral health recipients occupied the twenty units of Community Transition housing during FY 2005. Of those 55 clients, 62% successfully completed supervision, moved out on their own or into another program or are still involved in the program.

The Cool Program will be enhanced by the recently awarded co-occurring substance abuse State Incentive Grant. The grant will concentrate upon infrastructure development in the areas of screening and treating individuals with co-occurring disorders in the Adult correction and parole system.

## **Enhancing Treatment Effectiveness through Peer and Family Support**

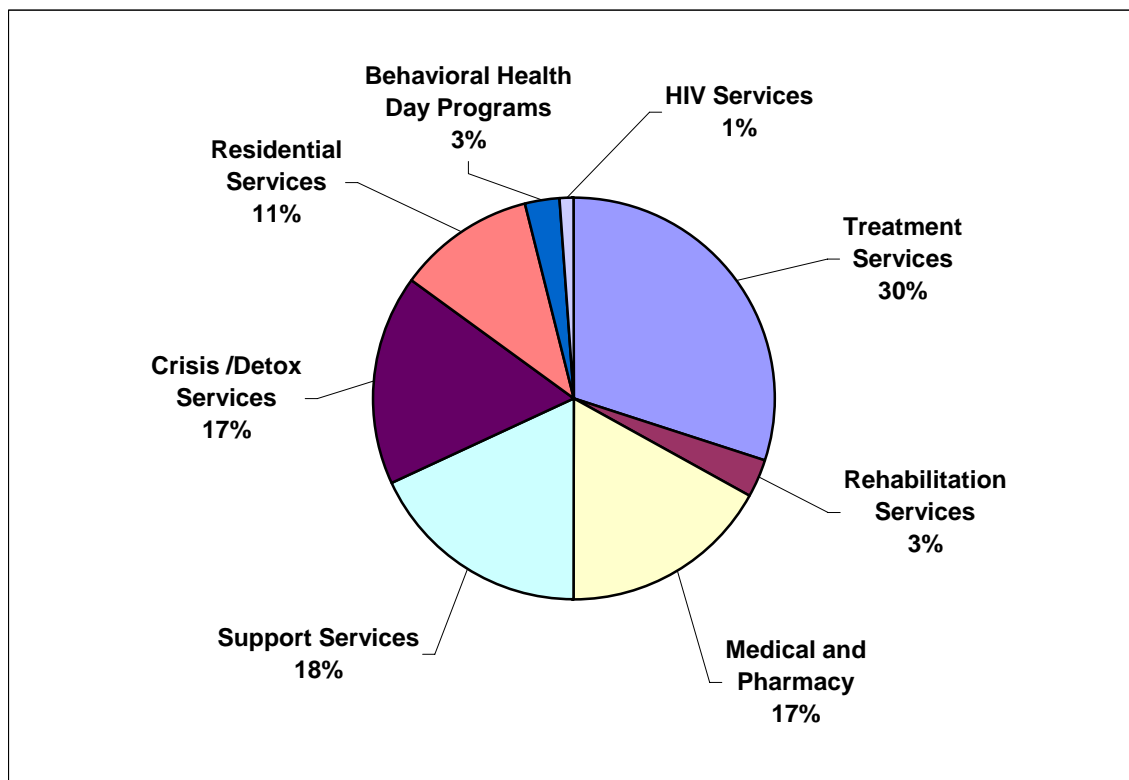
The development of peer and family support services within Arizona's system of care for substance abuse evolved out of the recognition of the value of creating a clinical/agency environment in which recovery - not completing a phase of clinical treatment services - is the ultimate goal for consumers enrolled in the behavioral health system. The peer specialists/worker project supports enhanced effectiveness in substance use treatment and more efficient use of public treatment funding by matching recovering persons as mentors and recovery coaches at substance use treatment sites.

The role of peer workers is flexible and variable. Initial implementation of this service involved eight pilot sites in a variety of settings including medical detoxification, outpatient step-down from residential, level 2 residential with children, child/family teams, drug court outreach and monitoring and supported housing. During 2005, the original pilot had expanded to 21 agencies statewide including methadone services and residential and outpatient treatment sites.

### **Substance Abuse Service Expenditures in 2005**

During SFY 2005, Treatment Services(30%) , including assessment and Group, Family and Individual Counseling, was the single largest category of expenditure for substance use treatment. Support Services (18%) was the second largest category. This group includes Case Management, Transportation, Peer/Family Support and Health Promotion services. Crisis Intervention, including medical detoxification, and Medical Services/Pharmacy were each 17% of all service dollars expended.

#### **Substance Use Treatment Expenditures – SFY 2005**



## **F. Evaluation of results achieved by substance abuse treatment programs**

The Arizona Department of Health Services participates in development and submission of the National Outcome Measures for Substance Use Disorder Treatment. The NOMs were implemented by the U.S. Substance Abuse and Mental Health Services Administration to provide meaningful, real-world outcomes for public funds expended on behavioral health treatment and prevention services.

### **2004 National Outcome Measures for Substance Use Disorder Treatment (n=55,690)**

#### **Access to Treatment**

- 2004 number of clients served 55,690

#### **Alcohol Use After Treatment**      **% of clients**

|                                |       |
|--------------------------------|-------|
| Did not drink                  | 51%   |
| Significantly reduced drinking | 32.2% |
| Improved somewhat              | 16.8% |

#### **Drug Use After Treatment**

|                                |       |
|--------------------------------|-------|
| Did not use drugs              | 43.1% |
| Significantly reduced drug use | 24.4% |
| Improved somewhat              | 32.5% |

#### **Employment**

- % of clients employed on a full or part-time basis 53%

#### **Crime and Criminal Justice Involvement**

- % of clients with no criminal justice activity after treatment 75.3%

#### **Stability in Housing**

- % of clients with stable housing after treatment 90.3%

#### **Average Length of Stay and Average Cost of Treatment**

| <u>Type</u>                 | <u># of Persons Served</u> | <u>Avg. Cost</u> | <u>Avg. Stay</u> |
|-----------------------------|----------------------------|------------------|------------------|
| Hospital Detox              | 45                         | \$2,675          | 5 days           |
| Residential Detox           | 1,966                      | \$1,526          | 5 days           |
| Hospital Treatment          | 2,316                      | \$6,832          | 34 days          |
| Brief Residential Treat.    | 2,658                      | \$4,636          | 40 days          |
| Long Residential Treat.     | 195                        | \$3,199          | 87 days          |
| Outpatient Treatment        | 45,420                     | \$1,324          | 41 days          |
| Intensive Outpatient Treat. | 2,800                      | \$1,639          | 29 days          |
| Opiate Dependence Treat.    | 2,811                      | \$263            | 56 days          |